ے		Effec	tive October 1,		ION RECU	טאיל .	P 9	191	521	191
E.12		CLAIMS A	S FILED - PAR (Column 1)		umn 2)	SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
.; !:	OTALEDAM	1000	63			RATE	FEE	1	RATE	FEE
<u>;</u>	9 4 4		NUMBER FILED	. · NUM	BER EXTRA	BASIC F		OF	BASIC FEI	710.00
3	jardin <u>ede</u>	ABUP CLAIMS	63 minus 20	<u>- ' 4</u>	3	X\$ 9-		OF		774
N	a participation of the same of	LAIMS #2	(minus 3	= 1		X40=			2/00	1
		NDENT CLAIM P	RESENT				+			80
	libx liefence	in column 4 is	less than zero, er	nter "O" in	column 2	+135=		Ο̈́Ρ		
ř	20.0	The Real	MÉNDEO - PA			TOTAL	<u>ا ا</u>	OR	TOTAL	1204
		(Column 1)	SMALL ENTITY OR SMALL ENTITY							
ENTRANT		GLAIMS YEREMAINING YILLASTER MAMENOMENT	HI NI PRE PA	IGHEST UMBER EVIOUSLY ND FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
XION:	तिया ु		Minus	63	=	X\$ 9=		OŘ	X\$18=	
ZVVJ3	helparent	6	Minus X	46	-	X40=	3.3	ÓЯ	XB0=	
ينا د	MANAGE STATES	INTAHUNDE M	UTIPLE DEPENDE	NT CLAIM		+135=		1.34	+270=	
J.		* * 3	1,36,38,			TOTA		OR	TOTAL	*
	10/14	(04Column 1)	gres 100	lumn 2)	(Column 3)	ADDIT. FE	E L _	JOR:	ADDIT. FEE	_
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HI NU PRE	GHEST UMBER VIOUSLY UD FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		HATE	ADDI- TIONAL FEE
Ž	Total	. 15	Minus	43	8	X\$ 92		OR	X\$18=	
ME	Independent	· 3	Minus •••	4.	=	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEPENDE	NT CLAIM			+			1
	••		_			+135=	1	OR	+270= TOTAL	
Q	17.05	(Column 1)	THE RESERVE OF THE PERSON NAMED IN	lumn 2)	(Column 3)	ADDIT. FEE		OR	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	NU PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	PATE	ADDI- TIONAL FEE		AATE	ADDI- TIONAL FEE
NDE	Total	. 17	Minus ••	63	=	X\$ 9=		OR	X\$18+	
ME	Independent	• 3	Minus •••	4	3	X40=			X80=	
			ILTIPLE DEPENDE	NT CLAIM		-		OR		
3		K mn 1 is less than th	e entry in column 2, w	rite "O" in col	lumn 3.	+135=	1	OR	+270=	
••	I the "Highest Nu	mber Previously Pai	id For IN THIS SPACE	E is less tha	n 20, enter "20."	ADDIT. FEE		OR	TOTAL ADDIT. FEE	
			For" (Total or Indepar			found in the a	ppropriate bo	u in col	uma 1.	

Application or Docket Number